



COMBINED DECLARATION AND POWER OF ATTORNEY
IN ORIGINAL APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SYRINGE TIP CAP

the specification of which is attached hereto or was filed on October 22, 2003 as United States Application Number or PCT International Application Number 10/691,385 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed: NONE

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed: NONE.

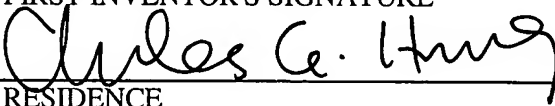
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application: Application No. 29/180,313, filed on April 22, 2003.

I hereby appoint the attorney(s) and/or agent(s) at Customer Number 32752 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all telephone calls to Ludomir A. Budzyn at telephone number (973) 331-1700.

Address all correspondence to Ludomir A. Budzyn, Hoffmann & Baron, LLP, 6900 Jericho Turnpike, Syosset, NY 11791.

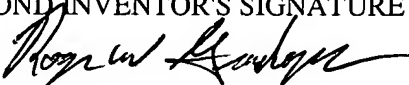
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF FIRST INVENTOR Charles G. Hwang	
FIRST INVENTOR'S SIGNATURE 	DATE: 7 April 04
RESIDENCE 261 Briarcliff Road, Ridgewood, New Jersey 07450	
CITIZENSHIP U.S.A.	
POST OFFICE ADDRESS Same as Above	

* Before signing this declaration each person signing must:

1. Review the declaration and verify the correctness of all information therein; and
2. Review the specification and the claims, including any amendments made to the claims.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SECOND INVENTOR Roger Groskopf	
SECOND INVENTOR'S SIGNATURE 	DATE: 7 APR '04
RESIDENCE 5 Susan Lane, Saddle Brook, New Jersey 07663	
CITIZENSHIP U.S.A.	
POST OFFICE ADDRESS Same as Above	

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